OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for l	Federal Assista	nce SF	-424						
* 1. Type of Submission: * 2. Type of Application Preapplication New			* If Revision, select appropriate letter(s):						
Application Continuation				* Other (Specify):					
			evision		ior (oposity).				
* 3. Date Received: 12/18/2015	4. Applicant Identifier:								
5a. Federal Entity Identifier:			5	b. Federal Award Identifier:					
State Use Only:									
6. Date Received by State: 7. State Application Id				Ide	tifier:				
8. APPLICANT INFORMATION:									
* a. Legal Name: C	ounty of Niaga	ıra, Ne	w York						
* b. Employer/Taxpay	er Identification Nur	mber (EIN	I/TIN):	*	c. Organizational DUNS:				
16-6002564					675238860000				
d. Address:									
* Street1:	Vantage Center, Suite One								
Street2:	6311 Inducon Corporate Drive								
* City:	Sanborn								
County/Parish:	Niagara								
* State:		NY: New York							
Province:									
* Country:					USA: UNITED STATES				
* Zip / Postal Code:	14132-9016								
e. Organizational U	Init:								
Department Name:				1	ivision Name:				
Economic Devel	opment								
f. Name and contac	ct information of p	erson to	be contacted on m	atte	rs involving this application:				
Prefix: Mr.			* First Nam	e:	Samuel				
Middle Name: M.									
* Last Name: Fer	raro								
Suffix:									
Title: Commission	ner								
Organizational Affiliat	tion:								
Niagara County Department of Economic Development									
* Telephone Number: 716-278-8750 Fax Number: 716-278-8757									
*Email: sam.ferr	raro@niagaraco	unty.co	om						

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66.818
CFDA Title:
Brownfields Assessment and Cleanup Cooperative Agreements
* 12. Funding Opportunity Number:
EPA-OSWER-OBLR-15-05
* Title:
FY16 Guidelines for Brownfields Revolving Loan Fund Grants
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 45 Descriptive Title of Applicant's Project
* 15. Descriptive Title of Applicant's Project: Niagara County Brownfields Revolving Loan Fund
Magara Councy Drownficial Revolving Boan rand
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424												
16. Congression	al Districts Of:											
* a. Applicant	NY-026			* b. Program/Project	NY-026							
Attach an addition	al list of Program/Project Co	ongressional District	ts if needed.	_								
			Add Attachment	Delete Attachment	View Attachment							
17. Proposed Pro	oject:											
* a. Start Date: 10/01/2016 * b. End Date: 09/30/2021												
18. Estimated Funding (\$):												
* a. Federal		500,000.00										
* b. Applicant		100,000.00										
* c. State		0.00										
* d. Local		0.00										
* e. Other		0.00										
* f. Program Incor	ne	0.00										
* g. TOTAL		600,000.00										
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?												
				er 12372 Process for revi	ew on							
	subject to E.O. 12372 b		elected by the State f	or review.								
c. Program is	not covered by E.O. 123	372.		c. Program is not covered by E.O. 12372.								
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)												
		Federal Debt? (If	"Yes," provide expl	anation in attachment.)								
Yes	⊠ No	Federal Debt? (If	"Yes," provide expl	anation in attachment.)								
Yes		Federal Debt? (If			View Attachment							
Yes If "Yes", provide	No explanation and attach		Add Attachment	Delete Attachment	View Attachment							
If "Yes", provide 21. *By signing therein are true, comply with any	No explanation and attach	(1) to the statement to the best of more portion and award. I am	Add Attachment ents contained in the syknowledge. I also aware that any false	Delete Attachment The list of certifications** and provide the required and an incition, or fraudulent	View Attachment and (2) that the statements assurances** and agree to statements or claims may							
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